

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10669757

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	<del>X</del>					
2	<del>X</del>					
3	<del>X</del>					
4		1				
5	<del>X</del>					
6	<del>X</del>					
7	<del>X</del>					
8	<del>X</del>					
9	<del>X</del>					
10	<del>X</del>					
11	<del>X</del>					
12	<del>X</del>					
13	<del>X</del>					
14	<del>X</del>					
15	<del>X</del>					
16	<del>X</del>					
17	<del>X</del>					
18	<del>X</del>					
19	<del>X</del>					
20		1				
21		1				
22	<del>X</del>					
23	<del>X</del>					
24	<del>X</del>					
25	<del>X</del>					
26	<del>X</del>					
27	<del>X</del>					
28		1				
29		1				
30		1				
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TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						